

Kansas Department of Health and Environment
Isolation and Quarantine FAQ
Updated: 1/19/2022

CURRENT ISOLATION AND QUARANTINE GUIDANCE

What is the current KDHE guidance for isolation and quarantine of health care workers?

KDHE has adopted the CDC [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#). Facilities should check this guidance frequently for updates. As of 1/10/2022, KDHE will apply this guidance, with one modification (see below), to all health care personnel working in all healthcare facilities in Kansas.

Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel.

Does KDHE have any modifications to the CDC [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) specific to Kansas facilities?

For facilities in Conventional or Contingency Staffing modes, KDHE requires that COVID-19 positive health care workers that will return to work during their 10-day infectious period only work with COVID-19 positive patients during the remainder of their infectious period.

Why does KDHE require COVID-19 positive health care workers to only work with COVID-19 positive patients during the remainder of their infectious period when the CDC guidance does not place this restriction?

Our current understanding of COVID-19 disease is still based on a [10-day infectious period](#) for most people. While the CDC and KDHE guidance allows for positive healthcare workers to return to work during their infectious period, KDHE has added this additional restriction to limit transmission of disease between positive healthcare workers and negative patients, many of which are considered vulnerable populations for developing severe disease.

Are exposed boosted asymptomatic health care workers required or recommended to test on Days 2 and 5-7? And does that mean test on Days 5, 6 and 7 or on any day between 5 and 7?

Exposed boosted asymptomatic health care workers are required to test Day 2 after exposure (the day of exposure is considered Day 0) **and** required to test on any one day between Day 5 and Day 7 after exposure.

For exposed health care workers that are vaccinated (but not boosted) or unvaccinated, even if within 90 days of prior infection, do they need to test using a PCR or antigen test? And is the testing required or recommended and on which days exactly?

Either an antigen test or PCR or other nucleic acid amplification test (NAAT) can be used.

For Conventional Staffing; if the close contact is going to return to work on Day 7 after exposure, they are required to have a sample collected within 48 hours before they return to work and have a negative result from that sample before they return.

For Contingency Staffing; there is no work restriction for the close contact; however, they are required to have a sample collected on Days 1, 2, 3 and on any one day between Day 5 through 7 after exposure (the day of exposure is considered day 0) and these results should all be negative to continue working. If any of these samples are positive, follow the guidance for healthcare workers with lab-confirmed COVID-19 infections.

What is the current KDHE guidance for isolation and quarantine for the general public?

KDHE has adopted the CDC [Quarantine and Isolation](#) guidance for the general public which allows people with a confirmed or probable COVID-19 infection to isolate at home for the first 5 days of their infectious period and allows them to return to work and other settings for the next 5 days as long as they are wearing a well-fitting mask indoors and outdoors when around others. Before leaving home isolation, people should be fever free for 24 hours without the use of fever-reducing medication and other symptoms should be improving.

If people with a confirmed or probable COVID-19 infection cannot wear a mask when around others, they should follow these **isolation criteria**:

- Isolate at home for a minimum of 10 days from the onset of symptoms (day of symptom onset is Day 0). Asymptomatic people should isolate at home for 10 days from the date their positive sample was taken (day of sample was taken is Day 0).
- On day 11, they may discontinue isolation IF they have been fever free for 24 hours without the use of fever reducing medication AND there has been a significant improvement in symptoms
- IF they continue to have a fever or other symptoms, they should continue isolating at home for 14 days.

People with COVID-19 who are severely ill and require care in the Intensive Care Unit (ICU) or who are severely immunocompromised (i.e. currently receiving chemotherapy or are on immune system suppressing medications) may be infectious longer and can be released from isolation using these criteria:

- 20 days from onset of symptoms OR
- 24 hours after fever is gone without the use of fever reducing medication AND there has been significant improvement in symptoms

- WHICHEVER IS LONGER.

If you have questions, contact your local county health department, or KDHE at 877-427-7317.

This guidance additionally allows susceptible close contacts who have been **exposed to COVID-19** disease to stay home in quarantine for the first 5 days of their incubation period after their last exposure and allows them to return to work and other settings for the last 5 days of their incubation period as long as they are asymptomatic and wearing a [well-fitting mask](#) covering their nose and mouth both indoors and outdoors when around others.

If a person cannot wear a [well-fitting mask](#) covering both their nose and mouth when around others, they should quarantine for 10 days and follow these quarantine criteria:

10 Day Quarantine (Asymptomatic individuals – no testing)

- After exposure, monitor yourself for symptoms daily or participate in Public Health monitoring for 10 full days.
- If you have no symptoms during the 10 days, you can be released from the quarantine without a test on Day 11.

KDHE recommends all exposed people should self-monitor for fourteen (14) days from exposure and contact healthcare provider if symptoms develop. Disease can still develop through day 14.

People should check the CDC guidance frequently for updates.

See the KDHE Isolation and Quarantine Release Graphic for more information: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---11922>

Are there any exceptions for who can follow the CDC [Quarantine and Isolation](#) guidance for the general public?

In certain congregate settings that have a high risk of secondary transmission (such as correctional and detention facilities, homeless shelters, cruise ships, and long-term care facilities), CDC recommends a 10-day **quarantine** for exposed residents, regardless of vaccination and booster status. During periods of critical staffing shortages, facilities may consider shortening the quarantine period for staff to ensure continuity of operations. Decisions to shorten quarantine in these settings should be made in consultation with the local health department and should take into consideration the context and characteristics of the facility. CDC's [setting-specific guidance](#) provides additional recommendations for these settings.

Additionally, KDHE and CDC recommend that residents with confirmed or probable COVID-19 infection in congregate settings continue to **isolate** away from others for the full 10-day infectious period. During periods of critical staffing shortages, facilities may consider shortening the isolation period for staff to ensure continuity of operations. Decisions to shorten isolation in these settings should be made in consultation with the local health department and should take into consideration the context and

characteristics of the facility. CDC's [setting-specific guidance](#) provides additional recommendations for these settings.

What is the current KDHE guidance for isolation and quarantine in daycares?

CDC has indicated that they are currently working on isolation and quarantine recommendations for daycares. Until more specific guidance is issued, KDHE recommends a 10-day **quarantine** for attendees and staff who are susceptible close contacts. During periods of critical staffing shortages, facilities may consider shortening the quarantine period for staff to ensure continuity of operations. Decisions to shorten quarantine in these settings should be made in consultation with the local health department and should take into consideration the context and characteristics of the facility. CDC's [setting-specific guidance](#) provides additional recommendations for these settings. Additionally, KDHE recommends that attendees and staff in daycares with confirmed or probable COVID-19 continue to **isolate** away from others for the full 10-day infectious period.

What is the current KDHE guidance for isolation and quarantine in K-12 schools?

KDHE has adopted the CDC [Guidance for COVID-19 Prevention in K-12 Schools](#) in which everyone with confirmed or probable COVID-19 should stay home and [isolate](#) away from other people for at least 5 full days (day 0 is the first day of symptoms or the day of the positive viral test for asymptomatic persons). They should wear a [well-fitting mask](#) covering both their nose and mouth when around others at home and in public for an additional 5 days. People who have symptoms can end isolation after 5 full days only if they are fever-free for 24 hours without the use of fever-reducing medication and if other symptoms have improved. They should continue to wear a well-fitting mask around others at home and in public for 5 additional days. Students, teachers, and staff who come into close contact with someone with COVID-19 should [quarantine](#) for at least 5 days (day 0 through day 5) after their last close contact with a person who has COVID-19.

In a K-12 setting, who is considered susceptible to COVID-19 disease and would need to quarantine?

- Persons who received two doses of a mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) over 5 months ago but have not received a recommended booster shot when eligible. To allow time for students to catch up with the latest recommendations and to minimize disruption to in-person learning, schools may consider forgoing quarantine for students ages 12-17 years who completed their primary vaccine series but have not yet received all eligible boosters.
- Persons who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a recommended booster shot when eligible.
- Those who are not vaccinated or have not completed a primary vaccine series AND do not have evidence of recent infection in the last 90 days.

Is a COVID-19 test required at the end of home isolation?

If an individual has access to a test and wants to test, the best approach is to use an antigen test towards the end of the 5-day isolation period. If your test result is positive,

you should continue to isolate until day 10. Do not continue to test daily; complete the 10-day isolation. If your test result is negative, you can end isolation, but continue to wear a well-fitting mask around others at home and in public until day 10.

GENERAL QUESTIONS

Do the new CDC and KDHE recommendations for isolation and quarantine change the definition of the infectious period or the incubation period for COVID-19 disease?

Our current understanding of COVID-19 disease is still based on a [10-day infectious period](#) for most people and longer for severely immunocompromised people. This means that we expect that people with COVID-19 disease can still spread the disease to others during their entire infectious period. Similarly, our understanding is still that people may take up to 14 days to show symptoms of COVID-19 disease after they are exposed (incubation period). There is some emerging evidence that people who are exposed to the Omicron variant of the disease may become symptomatic sooner, between 2 and 4 days after exposure, compared to previous versions of the virus.

Do the new isolation guidelines, both the health care worker and the general population, apply to only lab-confirmed cases or do they apply to probable cases as well? What if cases are vaccinated?

The guidance applies to both confirmed cases and probable cases. Probable cases are people with a known exposure to a COVID-19 case or who are part of an outbreak and have symptoms consistent with COVID-19 disease but they have not been tested with a confirmatory test. Probable cases also include people who are positive via antigen test in a respiratory specimen. All cases should be isolated regardless of vaccination status as we know breakthrough infections do occur.

What is the definition of a close contact?

As of 1/10/2022, KDHE will adopt the CDC definition of a close contact.

A close contact is someone who was less than [6 feet away from an infected person](#) (laboratory-confirmed or a [clinical diagnosis](#)) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). Learn more about [close contact](#), including exceptions to the definition for K-12 schools.

Close Contact through [proximity and duration of exposure](#): Someone who was less than [6 feet away from an infected person](#) (laboratory-confirmed or a [clinical diagnosis](#)) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread SARS-CoV-2 starting 2 days before they have any symptoms (or, for asymptomatic people, 2 days before the positive specimen collection date).

K-12 Exception: In the K–12 indoor classroom setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition excludes students who were between 3 to 6 feet of an infected student (laboratory-confirmed or a [clinical diagnosis](#)) if both the infected student and the exposed student(s) [correctly and consistently](#) wore well-fitting [masks](#) the entire time.

This exception **does not apply** to teachers, staff, or other adults in the indoor classroom setting.

What does it mean to be susceptible to COVID-19 disease?

Persons are considered susceptible to COVID-19 disease because they are currently considered NOT immune.

The following persons are considered SUSCEPTIBLE:

- Persons who received two doses of a mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) over 5 months ago but have not received a recommended booster shot when eligible.
- Persons who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a recommended booster shot when eligible.
- Persons who are not vaccinated or have not completed a primary vaccine series AND do not have evidence of recent COVID-19 infection in the last 90 days.

How should household contacts calculate their last day of exposure with the new guidance?

A close household contact (someone in their household has COVID-19) should quarantine during the entirety of the case's at home isolation period which is a minimum of 5 days. After that period, the household contact will continue their period of quarantine for an additional 5 days followed by 5 days of masking with a well-fitting mask when indoors and outdoors when around others. If the contact is unable to wear a mask, then the period of quarantine will be an additional 10 days. See the KDHE Isolation and Quarantine Release Graphic for more information: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---11922>

If I am eligible for a booster and have received a booster, do I need to quarantine due to travel?

Boosted persons are not required to quarantine after travel if they have remained asymptomatic since the travel. If you are fully vaccinated but not yet eligible for a booster due to age or the amount of time that has passed since your last vaccination, then you are still considered immune and do not need to quarantine due to travel.

How long am I considered immune if I had COVID-19 disease?

Currently, people are considered immune for 90 days after infection.

How long am I considered immune if I had COVID-19 vaccine?

If you are fully vaccinated and eligible for a booster but have not yet received your booster you are no longer considered immune and would need to quarantine after an exposure to someone with suspected or confirmed COVID-19. See CDC guidance on [COVID-19 Booster Shots](#).

How long am I considered immune if I had the COVID-19 booster?

There is currently no time limit to how long a person who is boosted is considered immune. Boosted persons are not required to quarantine after exposure if they have remained asymptomatic since the exposure. They should wear a [well-fitting mask](#) covering both their nose and mouth around others for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0) and get tested at least 5 days after they last had close contact with someone with COVID-19. If they test positive or develop COVID-19 symptoms, they should isolate from other people and follow [CDC recommendations for isolation](#).